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|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/761,356 | FILING DATE<br>01/22/2004<br><br>RULE | CLASS<br>439 | GROUP ART UNIT<br>2833 | ATTORNEY<br>DOCKET NO.<br>MR1793-135 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

## APPLICANTS

Ipson Lee, Taoyuan City, TAIWAN;

\*\* CONTINUING DATA \*\*\*\*\*

*none*  
*det*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*dis none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/23/2004

|  |  |                               |                      |                            |
|--|--|-------------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>TAIWAN              | SHEETS<br>DRAWING<br>5        | TOTAL<br>CLAIMS<br>8 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | EXAMINER'S SIGNATURE<br><i>[Signature]</i> | INITIALS<br><i>[Initials]</i> |                      |                            |
| Verified and<br>Acknowledged   |  |                               |                      |                            |

## ADDRESS

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## TITLE

Electronic card connector with fixed lateral arms

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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